

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 25, 2016

Ms. Jayne Placey, Manager  
Hill Street  
201 Hill Street  
Barre, VT 05641-3920

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 2, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 03/02/2016
NAME OF PROVIDER OR SUPPLIER  HILL STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 201 HILL STREET BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite investigation of a facility self-reported incident was conducted on 03/02/16 by the Division of Licensing and Protection. The follow is a Residential Care Home regulatory finding.	R100		
R206 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.18 Reporting of Abuse, Neglect or Exploitation  5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to report within 48 hours of an allegation of resident abuse regarding 1 applicable resident of the home to Adult Protective Services (APS) as required by 33 V.S.A. (Resident #1) Findings include:  During record review on 03/02/16, regarding an allegation of resident abuse received by the State Agency concerning Resident #1, the Residential Care Home (RCH) did not report the allegation within 48 hours to APS. An incident report states that Resident #1 grabbed another resident on the evening of 07/10/15. The report was sent to APS on the evening of 07/13/15. three days after the alleged incident. The Residential Coordinator during interview at 1:30 PM confirmed the RCH	R206		

*Please see attached for plan of correction*

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

EXEY11

If continuation sheet 1 of 2

*Jayne Placey*

*Coordinator*

*3/18/16*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILL STREET</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 HILL STREET</b> <b>BARRE, VT 05641</b>			
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R206	Continued From page 1 failed to make a report to APS as required.	R206			

March 14, 2016

Plan of Correction for Hill St Group Home

R206- Investigation was done 3/2/16 and on 3/8/16 during our mandatory staff meeting reporting such incidents was discussed. A list of all three phone numbers (Licensing, APS and DDSD) was posted in plain sight for staff to have immediate access to, if ever a situation arises that needs to be reported. Included in the meeting was the time frame of 48 hours in which we have to report incidents.

Jayn Placey 3/18/16

POC- R206 Accepted  
Sara D. Emmer RN  
3/23/16

MAR 21 2016

March 18, 2016

To whom it may concern,

Enclosed is the plan of correction for survey conducted at Hill St. on March 2, 2016. If you should have any questions please feel free to call.

Thank you,

A handwritten signature in black ink that reads "Jayne Placey". The signature is written in a cursive, flowing style.

Jayne Placey  
Coordinator of Residential Services  
201 Hill St.  
Barre, Vt 05641  
(802)479-1477 (work)  
(802)505-0807 (cell)